

COMPARISON OF ADVANCED PRACTICE NURSING IN NORTH AMERICAN AND GERMAN-SPEAKING EUROPEAN COUNTRIES

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Background

Advanced practice nursing (APN) is “the patient-focused application of an expanded range of competencies to improve health outcomes for patients and populations in a specialized clinical area” (Hamric et al., 2014, p. 71). ICN defines APN as “a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice” (§2). The role of APNs differs significantly between the European and North American countries: articles from across the globe suggest that the members of the APN nursing role consider the professionalization of nursing to be a process with the goal of advancing the autonomy of nursing in the coming decades, and thereby, legally increasing APN practice authority within a clearly defined patient care framework. There is ample support in the international context for nurses to execute the tasks of an advanced practice nurse each with its own set of educational requirements, depending on the type of APN, such as nurse practitioner (NP), clinical nurse specialist (CNS), etc. APN roles may involve advocacy, education, leadership and direct patient care.

Research Aims

The objective of this literature review was to compare APN from a geographical, professional and educational point of view in several European (Germany, Austria and Switzerland) and North American (United States of America and Canada) countries in order to yield implications for further insights into the international development of the APN role and education.

Methods

A literature review was combined with a comparative analysis and the following comparison units to ensure that functional equivalence was chosen: countries with broad similarities (e.g., healthcare systems of developed countries) and the research strategy (e.g., similarities and differences). Comparisons were made based on healthcare expenditure, GDP, total population, population density in relation to healthcare providers, academization of nursing, and the autonomous APN status in each country. This poster only focuses on the APN educational development and current status. For all results (historical, geographical, political and professional development context) please read the article in the literature section.

Austria

Although the first doctor of philosophy (PhD) program in nursing science was offered in 2000 at the Medical University of Graz, neither the bachelor's degree nor the doctoral degree qualified graduating nurses to go into APN. The first postgraduate studies began in 2012 as nonconsecutive programs in advanced nursing practice at the Danube University Krems, Vienna and Linz. PMU offered the first program, Master in Nursing Science, in 2014 and an APN program in 2018. Many universities and universities of applied sciences are gearing up to offer master's degrees leading up to an APN with differing contents, since there is no formal regulation concerning the education of APNs.

USA

APN education, licensure and scope of practice laws vary a great deal between states. To date, in addition to Washington, D.C., 26 U.S. states and two U.S. territories have passed legislation for full practice authority. In 2008, the National Council of State Boards of Nursing produced a report suggesting that all states allow APNs to practice autonomously within their specified role and with the aim to improve access to care while continuing to ensure quality outcomes. There are four formally recognized and regulated APN roles in the U.S.: certified nurse midwife, CNS, certified registered nurse anesthetist (CRNA) and nurse practitioner (NP). Currently, there is renewed effort to move all four APN roles to require a doctor of nursing practice (DNP) degree.

Germany

The first APN master's degree in Germany was launched in 2007 at the University of Applied Sciences in Jena and the first APN position was developed in 2009 at the University Hospital Freiburg. Development of the APN role in Germany has faced strong opposition from the medical community due to fears of losing delegatory powers over nurses for medical functions, but also the over-supply of physicians. As of 2021, APNs in Germany function in ways similar to a CNS in the U.S. and fill educational, consultative, care management and clinical roles. The University hospitals in Freiburg employ APNs in clinical practice, quality and system improvement and research, but also as supervisors and educators of staff nurses and mediators between nursing research and practice (translation of evidence).

Canada

Nursing is a self-regulated discipline in Canada, with provincial and territorial government ensuring self-regulating authority through statutes. As of 2021, all APNs in Canada were required to be educated at the graduate level and pass a certification exam administered by provinces and territories. Whereas CNS' do not have prescriptive authority and are subject to directives, NPs are autonomous health care providers and do not require physician oversight, since they have authority to diagnose, order and interpret laboratory tests, prescribe medication (including schedule I drugs), and perform certain procedures outlined in scope of practice documents by province or territory.

Switzerland

Although APNs have no prescribing authority yet (exception: canton Vaud), APN practice has been progressing with promising steps towards future autonomy. Master's and doctoral level degrees are offered and PhD programs exist since 2005. However, curricula are not yet standardized across programs. Swiss APNs (master's level) primarily participate in clinical care and leadership, research, and health promotion. Swiss primary care physicians are willing to collaborate with APNs for care provision, but they are unfamiliar with the skill sets and abilities of the role within the nursing discipline, and therefore, have concerns about maintaining quality of care. The absence of a legal framework defining responsibilities and reimbursement guidelines for APNs, points out the difficulty of advancing the APN role.

	CNS	NP	NA	Prescriptive Authority
U.S.A.	Yes	Unsupervised*	Unsupervised*	NP, CRNA**, and CRNM†
Canada	Yes	Semi-Supervised	Works with Physician	NP
Germany	Yes	No	No	None
Austria	Yes	No	No	Midwife**
Switzerland	Yes	No	No	None***

CNS=Clinical Nurse Specialist, CRNA=Certified Registered Nurse Anesthetist, CRNM=Certified Registered Nurse-Midwife, NA=Nurse Anesthetist, NP=Nurse Practitioner.

*Varies by state from unsupervised to supervised or collaborative practice for certain APNs.

**Varies by state: full prescriptive authority, supervised authority, or no prescriptive authority.

***In the Swiss canton Vaud, the specialized nurse practitioner has prescriptive authority.

†Limited

Discussion and Conclusion

A wide variance can be observed between the status of autonomous APN in North American and German-speaking European countries. Yet, despite progression at differing paces, a similar pattern of professionalization is present in each country. The U.S. has progressed the furthest towards establishing APN independent of medicine, followed by Canada and Switzerland, and lastly Germany and Austria being in similar preliminary stages of progression. All five countries employ nurses educated at all levels from bachelor to doctoral-level. CNS', or their equivalents, may be found in all five countries as well, but APNs and nurse anesthetists with full practice authority are found only in North America. Countries with a longer history of academization and standardization of educational requirements for APN have made greater progress towards APN autonomy. Nurse leaders and educators should seek to standardize and, where necessary, elevate educational requirements for APN, while simultaneously advocating for advances in legislation warranted by such advanced training and education. The findings suggest that learning from others is the key to successful policy development over time.

Literature

Beil-Hildebrand, M.B. & Smith, H.B. (2022). Comparative Analysis of Advanced Practice Nursing: contextual and historical Influences in North American and German-speaking European countries. *Policy, Politics and Nursing Practice*, Vol 23, No 3, pp 162-174. DOI: 10.1177/15271544221105032